

# CHAPTER 5

## INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY (ICF/IID) LEVEL OF CARE

To enroll in the Community Supports, a participant must:

1. Be diagnosed with an intellectual disability or a related disability (as determined by DDSN)
2. Be eligible to receive Medicaid
3. Be allocated a waiver slot
4. Choose to receive services in his/her home and community
5. Meet ICF/IID Level of Care

### **Initial ICF/IID Level of Care Evaluations for the Purpose of Enrolling in the Waiver:**

The DDSN Eligibility Division makes the initial determination of ICF/IID Level of Care. The Waiver Case Manager (WCM) must complete an initial ICF/IID Level of Care and submit for approval via Therap to the DDSN Eligibility Division after the following have been met:

1. Waiver slot has been allocated
2. Feasible alternatives under the waiver have been explained
3. Choice of institutional services or home and community-based services has been made
4. Enrollment is expected to occur in the next 30 days

In addition, the WCM must gather records that support the Level of Care. These records may include:

1. DDSN Eligibility Document
2. Formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of an intellectual disability. Every effort should be made to locate the report that is noted on the Eligibility Document as well as more recent evaluation reports, if available.

If the participant does not have an intellectual disability and/or is served in another eligibility category (i.e. related disability), appropriate supportive documentation is required such as a report from the DDSN Autism Division or appropriate medical, genetic or adaptive assessments.

3. Current Annual Assessment and Support Plan
4. Current school year IEP (if applicable)
5. Current (within one year) signed and dated information pertaining to:
  - Daily living and other adaptive functioning
  - Behavior/emotional functioning (e.g. Behavior Support Plan)
  - Medical and related health needs

- For children, under the age of 5, who have not been determined DDSN eligible or are eligible as a High-Risk Infant or At-Risk Child, the following support documentation must be included:
  - DDSN Eligibility Document if DDSN eligible
  - Current (within 3 months) screening assessment
  - All available relevant medical, genetic and developmental reports.

ICF/IID Level of Care requests are submitted for approval through the Level of Care module in Therap.

After a review of records by the DDSN Eligibility Division, the Level of Care may be returned if further testing is needed. If testing is needed, the WCM will be notified of the type of testing needed. Testing must be completed by approved providers listed on the DDSN website. To find a list of providers on the DDSN website, go to Services – Find a Service Provider – Behavioral Health Services Provider Directory. Select Psychological Testing as the service. <https://app.ddsn.sc.gov/public/ndp/landing.do?providerType=B>

Once all needed information is submitted, the DDSN Eligibility Division will review the Level of Care. When the Level of Care determination has been completed, the DDSN Eligibility Division will certify that the participant does or does not meet ICF/IID Level of Care.

If the person **does not** meet ICF/IID Level of Care, the DDSN Eligibility Division will mail the DDSN Level of Care Certification Letter and the Process for Reconsideration of SCDHHS Decisions certified to the participant/legal guardian with a copy to the Waiver Case Manager.

The DDSN Eligibility Division is responsible for providing Level of Care information needed for enrollment to the DDSN Waiver Enrollment Coordinator.

### **Those Who Do Not Enroll within 30 days of the Initial Level of Care Determination:**

Waiver enrollment must occur within thirty (30) days of the Level of Care Determination date (see Chapter 6 Enrollments for more information). If a Level of Care expires prior to enrollment in the Waiver, a new Level of Care must be completed. Prior to completing a new LOC, the WCM must verify that the person is ready for enrollment by consulting with the Waiver Enrollment Coordinator. Once all enrollment issues have been resolved, a new LOC must be submitted before enrollment can occur.

### **ICF/IID Level of Care Annual Re-evaluations/Re-determinations for Waiver Participants:**

Once enrolled, ICF/IID Level of Care determinations are valid for up to 365 calendar days. Each participant must be re-evaluated at least annually (or as needed, given changes in condition, diagnosis, etc.) and re-determined to meet ICF/IID Level of Care in order to continue to receive Waiver-funded services.

The WCM is responsible for LOC annual re-evaluations and determinations **except for those participants who are eligible on a time-limited basis. For those who are served on a time-limited basis under the eligibility categories of Intellectual Disability or Related Disability, the Level of Care re-evaluation must be completed by the DDSN Eligibility Division.**

For all other participants, the WCM is responsible for the annual re-evaluation of ICF/IID Level of Care. The review will, at a minimum, consist of a review of the **most recent** psychological, social and medical information along with a review of the current Case Management Annual Assessment and/or current school year IEP. Based

on the review of these and other documents, the WCM must complete the Level of Care Re-Determination for ICF/IID.

**Note:** If a Level of Care re-evaluation and determination is not completed within 365 days of the previous Level of Care, the WCM must submit a new Level of Care request for approval **to the DDSN Eligibility Division**. In order to expedite the request, the WCM must notify the DDSN Eligibility Division that the LOC has expired and needs to be reviewed as soon as possible. It is the responsibility of the WCM to keep track of LOC due dates. **If the LOC expires, no services can be billed through the waiver until a new LOC is completed.**

All LOC decisions must be reviewed and documented by the WCM Supervisor or the Executive Director of the DSN Board/Provider. If a participant continues to meet ICF/IID Level of Care, the DDSN Level of Care Certification Letter does not have to be completed.

If it is determined that a participant **does not** meet ICF/IID Level of Care, the WCM must complete the DDSN Level of Care Certification Letter. The LOC Certification letter must be uploaded in the Level of Care Attachments section. The DDSN Eligibility Division must be notified of the adverse LOC decision via SCOMM prior to expiration of the current Level of Care.

If the DDSN Eligibility Division concurs with the determination that the participant does not meet ICF/IID Level of Care, the DDSN Eligibility Division Director or Designee will co-sign the Level of Care Determination for ICF/IID and the DDSN Level of Care Certification Letter and will mail the Certification Letter, with the Process for Reconsideration of SCDHHS Decisions, to the participant/legal guardian and a copy to the WCM. The DDSN Eligibility Division will upload these documents to the Level of Care Attachment section of the Level of Care module.

**Note:** If a participant no longer meets ICF/IID Level of Care, then he/she can no longer participate in the Waiver and the WCM must initiate procedures for waiver disenrollment immediately.

If the current Level of Care certification expires while the DDSN Eligibility Division is reviewing the adverse LOC, waiver-funded authorizations must be terminated immediately; however, the services will continue under state funds during the DDSN Eligibility Division's review.

If the participant is found to not meet ICF/IID Level of Care, and the DDSN Eligibility Division **does not concur** with the decision, the decision will be overruled. The DDSN Eligibility Division will signify their disagreement with the decision by completing a new Level of Care Determination and Certification Letter. All documentation of this decision must be maintained in the participant's file.

**Note:** If the DDSN eligibility of a Waiver participant changes to a not-eligible status under the category of Intellectual Disability or Related Disability, the WCM must complete a Level of Care Re-evaluation due to the change in eligibility status. The process for a participant who no longer meets ICF/IID Level of Care, listed above, must be followed.

A participant cannot be disenrolled from the Waiver solely based on an eligibility decision. A Level of Care re-evaluation must be done and this decision upheld by the Process for Reconsideration of SCDHHS Decisions. If the participant then files an appeal with SCDHHS, Division of Appeals and Hearings, and the LOC Re-evaluation decision is upheld, then the participant can be disenrolled from the Waiver.